**State of Vermont**
**Department of Vermont Health Access**
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*Agency of Human Services*

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# Blueprint for Health Executive Committee
# Minutes
# September 21, 2011

| ***Present*** | ***Org.*** | ***Present*** | ***Org.*** |
|---|---|---|---|
| Garland | BCBSVT | Wilcox | VDH |
| Grause | VAHHS | Slusky | DVHA |
| Tanzman | DVHA | Senator Ayer | |
| Warnock | Naturopath | Kimbell | BISHCA |
| MacLean | UVM | Little | MVP |
| Oliver | DMH | McLaren | MVP |
| Hindes | VNA | Maheras | BISHCA |
| C. Jones | DVHA | Bjornson | CIGNA |
| P. Jones | DVHA | Rouelle | DII |
| Cochran | VITL | Larson | DVHA |
| Curry | CIGNA | ***Guest*** | |
| Dulsky<br>Watkins | DVHA | Frank<br>Landry | Primary Care Physician |

I. *Community Health Team Characterization and Evaluation*:

By October the Blueprint expansion will consist of approximately:

- 57 practices
- 240,000 patients
- 30 – 40 CHT FTE's

We are producing a set of maps that will include the following estimates:

- PCP,
- CHT FTE's,
- Total # of patients
- # of practices

Once completed, we will forward the maps to you.

Discussion took place and suggestions were offered regarding how to track the community health team. We are currently tracking utilization and expansion trends. ONPOINT Health is working on a 4 year trend analysis which is expected to be completed by November. We need to learn the nature of how the CHT's are working and maturing. To what depth and degree can the CHT's be evaluated?

- From the payers prospective, they are looking to phase out their chronic conditions/care management programs. The expectation is that we will begin to see better outcomes with the Blueprint program.
- For their own comfort level, Payers need evidence that the CHT's are maturing and capable of addressing chronic disease management prior to phasing out their own programs. They need to know that this is a good investment for them.
- The Covisint system does have the ability to track activity and we are looking into using their system in the future.
- Lisa Watkins described the metrics currently being set up to track CHT activity. It was proposed that tracking be done by each practice and submitted on a quarterly basis to the Blueprint. The spreadsheet will be circulated to the insurers for their review. The spreadsheet will include the following categories:
    - Gender
    - Age
    - Primary Reason for Initial CHT Referral
    - Incoming CHT Referral Source
    - CHT Activity (total quarterly encounters)
    - Average wait times for initial visit
    - Outgoing CHT Referral Target

  What degree of activity will be used to determine a true intervention? (1 visit, 2-3 visits, 4 or more)

  It is one thing to track referrals to an external service and another thing to follow-up to see if the patient actually followed through with the referral. We will try to incorporate this information in our tracking system.

  Dr. Jones asked the insurers about flagging patients who are touched by the CHT's. The insurers will investigate but the technology may not be available to accomplish this.

  Richard Slusky asked the insurers if they would be willing share methodologies with us. BCBS and MVP agreed to look into this and share what they are allowed.

  Steve Kimbell asked that we be mindful of not making duplicate requests of the carriers. CHT metrics is a Blueprint specific effort and the information will be collected from the providers not the insurers. BISHCA will not be collecting this data from the carriers.

2. *Naturopath NCQA Recognition*:
The President of NCQA recently visited Vermont
At present, NCQA does not officially recognize naturopaths as primary care providers. NCQA will begin to score naturopaths and review the results but will not post those results on their website.

- We currently have two naturopaths who would like to undergo scoring. There are approximately 30 naturopaths statewide who may seek recognition as primary care providers.
- MVP was not comfortable discussing the issue without the presence of their Medical Director.
- Since NCQA will not post naturopath results on their website, MVP questioned whether or not NCQA would provide naturopath information to the payers. Currently MVP gets a monthly data feed from NCQA.
- Question to insurers – If our naturopaths can score and qualify is there any reason we do not want to recognize them? Mark Larson from DVHA indicated that they are moving forward in that direction for Medicaid patients.
- We will pull together a smaller working group to flesh out some of the differences in scope of practices, scope of prescribing, credentialing standards etc. Please let us know if you would like to participate.

3. *MD VIP Presentation – Dr. Frank Landry*
   - *Executive Medicine Concierge* Premise – There is an upfront fee to support less volume-based care. In return the patient will receive a higher level of care and attention.
   - Dr. Landry cares for approximately 600 patients vs. 2,000.
   - Patients are charged a quarterly fee.
   - The question to be answered is whether or not this type of practice can be a part of the medical home practice.
   - Dr. Landry gave a summary of their practice.
   - BCBS is concerned about their members being charged twice for the same services.
   - It was clear that further discussion is needed. The topic will be added to the naturopath workgroup discussion.

The meeting adjourned at 10:00 a.m.

*Next Meeting: November 16th 2011, 8:30 – 10:00, Location: TBD*